

**FEE TRANSMITTAL**  
**for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,030)

<i>Complete if Known</i>	
Application Number	09/514,997
Filing Date	February 25, 2000
First Named Inventor	Axel Schultze
Examiner Name	Susanna M. Meinecke Diaz
Art Unit	3623
Attorney Docket No.	4705 US

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
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Code (\$)	Code (\$)							
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**SUBTOTAL (1)** (\$ .00)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims	Fee from below	Fee Paid
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Total Claims <b>70</b>	-20** = <b>1</b>	x <b>25</b> = <b>25</b>
Independent Claims <b>9</b>	-3** = <b>1</b>	x <b>100</b> = <b>100</b>
Multiple Dependent		=

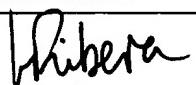
Large Entity	Small Entity
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Fee	Fee	Fee	Fee Description	Fee Paid
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1202 50	2202 25	Claims in excess of 20		
1201 200	2201 100	Independent claims in excess of 3		
1203 360	2203 180	Multiple dependent claim, if not paid		
1204 200	2204 100	**Reissue independent claims over original patent		
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent		

**SUBTOTAL (2)** (\$ 125)

\*or number previously paid, if greater; For Reissues, see above

		Complete (if applicable)		
Name (Print/Type)	Hector J. Ribera	Registration No. (Attorney/Agent)	54,397	Telephone (650) 335-7192
Signature		Date	3/24/2005	

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